



As a recognized world leader in power transmission, the Bonneville Power Administration (BPA) knows what makes us successful – our people. To attract the most talented and dedicated professionals, not only do we offer one of the best compensation and benefits packages in the industry, we provide a comfortable work environment and an unlimited opportunity for individual achievement. In fact, the same cultural diversity that makes this region a great place to live also makes BPA an exciting place to work where people respect each other, with an employer who believes and promotes a healthy balance between work and family.

BPA has one of the most highly acclaimed high-voltage electrical [apprentice program](#) in the world. Our Electrical Apprenticeship Program consists of 3 ½ to 4 years of classroom study, homework, and on the job training. End of step presentations, exams, and reviews are required every six months and if successful, the apprentice will be promoted to the next step of the apprenticeship program and finally to Journeyman.

Interested? The following information will provide you with all the steps necessary to apply.

Position

**Power System Electrician Apprentice
Announcement 002245-03-ST**

Open Period

Open: 09/08/03 Close: 11/07/03

Your complete application must be received no later than 12 mid-night Pacific Daylight Time (PDT) of the closing date to be accepted (if your application is submitted after 10/26/03, it must be received no later than 12 mid-night PST (Pacific Standard Time) of the closing date). Applications submitted by fax or e-mail must be time/date stamped or electronically postmarked at point of origin no later than 12 midnight. Applicants will be notified of receipt of their application package.

Salary

***\$20.25 per hour** and a full-range of [benefits](#) that includes but is not limited to:

- Up to 5 weeks paid vacation per year along with 10 paid holidays
- Unlimited sick leave accrual
- Family Friendly leave programs
- Health and Life Insurance with no waiting and no pre-condition clauses
- Matching 401k Plan

*In addition to the hourly wage rate, BPA pays a supplement equal to 4.4% of the wage rate to permanent employees for each hour of straight-time wages that are paid.

Location(s)

Washington, Oregon, Montana, Idaho
(More than one selection will be made)

What Work Will I Be Doing?

BPA Power System Electrician Apprentices are trained to perform a variety of tasks, which typically involve installation and adjustment or maintenance, and repair of electrical equipment. The construction tasks include erection or removal of facilities. The maintenance tasks include routine inspection, modification, troubleshooting, and repair of facilities. Equipment serviced may be electrical, hydraulic, mechanical, pneumatic, and/or electronic. Apprentices work from sketches, drawings, blueprints, wiring diagrams, and instruction books. The apprentice is expected to gain knowledge of the various work processes with progressively difficult assignments through their apprenticeship.

Student Eligibility Requirements

To be eligible for a Student Career Experience Program (SCEP) appointment, you must be:

- A U.S. citizen
- Enrolled as a degree-seeking student (diploma, certificate, etc.); in an accredited technical school, vocational school or 2 year college in a course of study leading to a degree or certificate related to the electric utility industry, such as electrical theory, electronics, industrial arts, or industrial technology.
- In your last academic year and expect to meet your academic requirements for graduation prior to start of BPA's next Apprentice class (June 13, 2004)
- Taking at least a half-time course load as defined by the school
- A student in good standing with a minimum 2.5 cumulative GPA

- Eligible to participate in a work study agreement between the school and BPA
- Able to complete 640 hours of career-related work prior to conversion

Am I Qualified?

SELECTIVE PLACEMENT FACTOR: This position has a selective factor, which will serve as a screen-out element. Applicants who do not show evidence of meeting this selective factor will be rated as not qualified.

Applicants must submit a copy of their complete driving record (obtained from the Dept. of Motor Vehicles or equivalent State agency) covering the past 3 years and dated within the last 3 months), along with their application. Candidates with a poor driving record* and/or revocation of license will be immediately disqualified from consideration.

***Disqualifying driving records:** Within the past three years, any of the following conditions disqualify an applicant for a U.S. Government Motor Vehicle Authorization:

- Conviction for operating a motor vehicle under the influence of alcohol or a controlled substance.
- Conviction for leaving the scene of an accident without making his or her identity known.
- Suspended, revoked, or cancelled driver's license.
- Any recurrent record of auto accidents/incidents, traffic violations, or arrests, which demonstrate that the driver does not have an adequate sense of responsibility. This may be shown by any of the following:
 - Conviction for fleeing or attempting to elude a police officer;
 - Conviction for a felony involving the use of a motor vehicle;
 - 2 or more accidents in which the driver was at fault;
 - 2 or more excessive speeding violations (15 miles per hour or more over the posted speed limit.);
 - Or 4 or more moving violations.

How Will My Application Be Evaluated and Referred?

You will be evaluated on the basis of experience, education, and training on the following elements. You must complete the attached Supplemental Questionnaire for: **Power System Electrician Apprentice, BB-2810**, that addresses the following Elements: 1) Aptitude and interest for learning trade theory; 2) Ability to follow directions; 3) Reliability and dependability; 4) Dexterity and safety; 5) Ability to use prints and drawings. Experience/training shown in your supplemental questionnaire must be reflected in your application

- All applicants will be required to pass a written aptitude examination prepared by the Office of Personnel Management to be considered for a position. All applicants **will be notified** in writing of the date, time, and location of the written examination.
- Applicants will be evaluated on the basis of the information contained in their application, written test results, and supplemental questionnaire for Electrician Apprentice. The supplemental questionnaire will determine the degree to which applicants possess the following elements: 1) Aptitude and interest for learning trade theory; 2) Ability to follow directions; 3) Reliability and dependability; 4) Dexterity and safety; 5) Ability to use prints and drawings.
- Candidates considered to be best qualified on the above-mentioned job elements may be further evaluated by a competency-based interview with the Power System Electrician Apprentice Craft Committee. The interview will be used to confirm the applicant's desire and ability to complete the apprenticeship.

APPRENTICE EXAMINATION INFORMATION:

(Written Aptitude Examination)

- The apprenticeship examination is requirement for all applicants that pass the initial screening. **If you do not take this examination, you will be eliminated from further consideration for the position.** The examination will cover the following areas: high school level algebra and geometry; dexterity; arithmetic computations; ability to follow instructions and mechanical aptitude. The examination process will take approximately 3-4 hours. **If you have applied for more than one apprentice craft, you will only need to take the examination one time. Apprentice exams are tentatively scheduled for January 8, 9, 10, 2004. Please complete the attached APPRENTICE EXAM REGISTRATION FORM and return with your application. (Applicants who will travel to take the Apprentice Exam, will do so at their own expense).**
- Competencies will be used in the selection process. This includes competency-based interviews for those applicants who are selected for a personal interview.
- **Applicants will be required to provide current transcripts at time of interview.**
- Selected employees will be required to pass a physical examination and drug test at BPA's expense.
- In accordance with Department of Energy Order 3792.3, this position is subject to random drug testing. Failure to pass subsequent tests may result in disciplinary action, including removal from the Federal service. The Department of Transportation has issued a rule, which provides for the random

testing for the presence of alcohol in employees who operate a commercial motor vehicle. Employees shall be randomly selected by the Department of Energy using a statistically valid method. This program is established to ensure that employees who operate a commercial motor vehicle are not impaired by alcohol.

- Upon successful completion of the apprentice program, management will determine duty station placement.
- Apprentices will be required to travel during their training program to gain experience.

Working Conditions

Working conditions vary depending on tasks. Most work is performed outside in all weather conditions. Work is performed around energized equipment. Work is done in energized substations at various heights in excess of 100 feet, such as on steel framework, platforms, and ladders adjacent to energized high-voltage equipment. At times, work may be physically demanding. The work environment will occasionally include high noise levels or exposure to hazardous substances such as mercury, acids, radiation, solvents, PCB's, etc. The Apprentice can expect to be in a travel status approximately 60% of the time, since assignments of up to 6 months away from the headquarters will be required to complete some work processes.

Physical Requirements

Incumbents must be physically and mentally able to efficiently perform the duties of the position, with or without reasonable accommodation, without hazard to themselves or others. The work requires extensive bending, pushing, pulling, reaching, and climbing; occasional crawling; and working in cramped confined positions. Incumbents must be able to perform strenuous tasks that include loading or unloading crates or other equipment weighing up to 75 pounds. Must be able to work at heights in excess of 100 feet. Work may be performed under varying terrain and climatic conditions. Must have good distance vision in at least one eye and have the ability to read printed material the size of typewritten characters. Must be able to distinguish different electrical components based on color-coding. Must be able to hear the conversational voice. Must be able to clearly communicate.

Other Conditions of Employment

- Participate in all training activities. Satisfactory completion of each step of training is mandatory for advancement.
- Positions that require unescorted access to a nuclear facility will be required to take annual radiation training.
- If exposed to health hazards, have periodic physical examinations.
- Follow BPA safety practices.
- Live within one-hour travel time of duty location.
- Obtain a Restricted Electrical Workers' permit.

- Possess and maintain a valid commercial driver's license.
- Become certified on equipment assigned to use or operate.
- Take First Aid training and possess and maintain a CPR card.
- Be available for call to work at any time.
- Be able to wear protective apparel.
- Satisfactorily complete the Standard Clearance Certification Examination for Electricians.
- Be able to relocate as business needs dictate.



Does BPA Provide Accommodation for Applicants With a Disability?

Yes. If you need a reasonable accommodation for any part of the application and hiring process, please contact BPA's Human Resources Specialist, PJ Johns at 503-230-3000. Decisions for granting reasonable accommodation will be on a case-by-case basis. For more information on Federal employment for the disabled, please visit DisabilityInfo.gov.

Questions?

If you have questions or need a hard copy of this vacancy announcement, please call the Employment Center at any of the following numbers:

Toll Free	1-877-282-3713
Vancouver, WA	360-418-2090
Portland, OR	503-230-3055

Or Contact

Craig Rademacher	360-418-2753
Monica Brindos	360-418-2265

Apprentice Application and Hiring Timeline

- **September** - BPA Announcement Opens
- **October** - BPA Announcement Closes
- **January** - Apprentice Examinations
- **March** - Craft Specific Application Rating
- **April** - Apprentice Interviews
- **May** - Selections
- **June** - Hire Date (June 13, 2004)

How Do I Apply for This Position?

BPA's [Application Package Checklist](#) and [Frequently Asked Questions \(FAQ's\)](#) will assist you in preparing and ensuring your application package is complete. The checklist is for your personal use only (please do not submit it with your application).

A complete application package must include the following:

1. Your resume, [Optional Application for Federal Employment \(OF-612\)](#), or other written application format of your choice that includes **all** the following bulleted information.
 - Position title and Announcement number of the position for which you are applying.
 - Your full name, mailing address, email address, and day and evening telephone numbers.
 - Your Social Security Number.
 - Country of citizenship.
 - Work experience (Paid and non-paid experience related to the job for which you are applying. Include job title (PLEASE INCLUDE SERIES AND GRADE IF FEDERAL JOB), duties and accomplishments, employer's name and address, supervisor's name and phone number, starting and ending dates (including month and year), salary, hours worked per week, salary).
 - Indicate if we may contact your current supervisor.
 - A list of other job related training, skills (for example, languages, tools, machinery, typing speed, etc.), certificates and licenses, honor societies, awards, professional membership, publications, leadership activities, performance awards, etc.
 - 2 –3 references that can verify the work experience information provided in your application or resume. Please include names, titles, and current contact information. (BPA requires reference checks prior to appointment).
2. Completed Supplemental Questionnaire for Power System Electrician Apprentice, BB-2810 (**attached/REQUIRED**).
3. Recent copy of transcripts. (**REQUIRED**)
4. Completed Student Eligibility Confirmation Sheet (**attached/REQUIRED**).
5. Completed DOE F 1600.7e, Applicant Disability, Race/National Origin and Sex Identification form (**attached**).
6. Completed [OF-306](#) (revised 1/01), Declaration for Federal Employment (**attached**).
7. Driving record abstract for past three (3) years (obtained from the Dept. of Motor Vehicles or equivalent State agency, dated within the last 3 months). (**REQUIRED**).
8. Testing Registration Form (**attached/REQUIRED**)
9. Geographic Location Availability Form (**attached/REQUIRED**).

*** All application materials should be submitted by the closing date of the announcement - we will not contact you for missing information and will assess your application based only on information received by the closing date. Please retain a copy of your application as BPA does not return applications or provide copies.**

Where Do I Send My Application?

Your complete application must be received no later than 12 mid-night Pacific Daylight Time (PDT) of the closing date to be accepted (**if your application is submitted after 10/26/03, it must be received no later than 12 mid-night PST (Pacific Standard Time) of the closing date**). Applications submitted by fax or e-mail must be time/date stamped or electronically postmarked at point of origin no later than 12 midnight. Applicants will be notified of receipt of their application package.

Required forms may be sent as email attachments, may be faxed, or sent as hard copy. Application materials provided by different means must be cross-referenced so they may be combined after they arrive. Applicants are responsible for ensuring that application materials are formatted in a manner that will transmit successfully.

Mail:

Bonneville Power Administration
ATTN: Personnel Services – CHP/CSB-2
PO Box 491
Vancouver, WA 98666

Personal Delivery:

2401 NE Minnehaha Street, **Vancouver, WA** 98663
905 NE 11th Avenue, **Portland, OR** 97232

Fax: Fax your application to (360) 418-2063.

Applicants are responsible for ensuring that application materials transmit successfully. Please include a request for confirmation and the manner in which you would like to be contacted on the fax cover sheet if you desire confirmation.

Email:

Send your application as email attachments to jobs@bpa.gov. The announcement number must be included in the subject line of the email. Applicants who apply by email will receive an email confirmation.

Website Addresses

Application Package Checklist

www.jobs.bpa.gov/documents/checklist_for_students.doc

Student Employment Program

www.jobs.bpa.gov/studentcomponents.htm

Apprentice Program

www.2.transmission.bpa.gov/EdCar/Apprenticeships/

BPA Benefits

www.jobs.bpa.gov/benefits

Disability Information

www.DisabilityInfo.gov

Frequently Asked Questions

www.jobs.bpa.gov/faq.htm

Optional Application Form (OF-612)

www.opm.gov/forms/pdf_fill/of0612.pdf

Optional Form 306

www.opm.gov/forms/pdf_fill/of0306.pdf

Bonneville Power Administration

Student Educational Employment Program Information Sheet

To be eligible for a student appointment, you must be:

- Enrolled as a degree-seeking student (diploma, certificate, etc.); in an accredited technical school, vocational school or 2 year college; in a course of study leading to a degree or certificate related to the electric utility industry, such as electrical theory, electronics, industrial arts, or industrial technology.
- Be in their last year academic year;
- Meet the academic requirements for graduation prior to start of Apprentice Program (June 2004)
- Taking at least a half-time course load as defined by the school;
- A U.S. citizen, and 16 years of age;
- A student in good standing with a minimum 2.5 cumulative GPA;
- Be eligible to participate in a work study agreement between the school and BPA;
- Be able to complete 640 hours of career-related work prior to conversion

In order to be considered and qualify under to Student Educational Employment Program, you must provide the following:

Applicant Name: _____

Name of College: _____

Program or Degree: _____

Start Date: _____

Completion Date: _____

Current GPA: _____

Must be 2.5 or Higher to be eligible

Verification Signature of Student and College Cooperative Education Program Administration is required to process your application.

Applicant Signature

Date

Phone

College Education Program Administration Signature

Date

Phone

OPTIONAL APPLICATION FOR FEDERAL EMPLOYMENT - OF 612

FORM APPROVED
OMB No. 3206-0219
Electronic Form Approved by CGIR
03/31/98 (VB)

You may apply for most jobs with a resume, this form, or other written format. If your resume or application **does not provide** all the information requested on this form and in the job vacancy announcement, you may lose consideration for a job.

1. Job title in announcement		2. Grade(s) applying for	3. Announcement number
4. Last name	First and middle names		5. Social Security Number
6. Mailing address			7. Phone numbers (include area code) Daytime Evening
City	State	ZIP Code	

WORK EXPERIENCE

8. Describe your paid and nonpaid work experience related to the job for which you are applying. Do **not** attach job descriptions.

A) Job title (if Federal, include series and grade)

From (MM/YY)	To (MM/YY)	Salary	per	Hours per week
		\$		
Employer's name and address				Supervisor's name and phone number

Describe your duties and accomplishments

B) Job title (if Federal, include series and grade)

From (MM/YY)	To (MM/YY)	Salary	per	Hours per week
		\$		
Employer's name and address				Supervisor's name and phone number

Describe your duties and accomplishments

9. May we contact your current supervisor?

YES ☐

NO ☐ ➔

If we need to contact your current supervisor before making an offer, we will contact you first.

EDUCATION

10. Mark highest level completed. Some HS ☐

HS/GED ☐

Associate ☐

Bachelor ☐

Master ☐

Doctoral ☐

11. Last high school (HS) or GED school. Give the school's name, city, State, ZIP Code (if known), and year diploma or GED received.

12. Colleges and universities attended. Do **not** attach a copy of your transcript unless requested.

A) Name	Total Credits Earned		Major(s)	Degree (if any)	Year Received
	Semester	Quarter			
<div>City</div> <div>State</div> <div>ZIP Code</div>					
<div>B) Name</div> <div>City</div> <div>State</div> <div>ZIP Code</div>					
<div>C) Name</div> <div>City</div> <div>State</div> <div>ZIP Code</div>					

OTHER QUALIFICATIONS

13. **Job-related** training courses (give title and year). **Job-related** skills (other languages, computer software/hardware, tools, machinery, typing speed, etc.). **Job-related** certificates and licenses (current only). **Job-related** honors, awards, and special accomplishments (publications, memberships in professional/honor societies, leadership activities, public speaking, and performance awards). Give dates, but do **not** send documents unless requested.

GENERAL

14. Are you a U.S. citizen? YES ☐ NO ☐ → Give the country of your citizenship.
15. Do you claim veterans' preference? NO ☐ YES ☐ → Mark your claim of 5 or 10 points below.
- 5 points ☐ → Attach your DD 214 or other proof. 10 points ☐ → Attach an Application for 10-Point Veterans' Preference (SF15) and proof required.
- | Series | Grade | From (MM/YY) | To (MM/YY) |
|---|-------|--------------|------------|
| 16. Were you ever a Federal civilian employee?
NO <input type="checkbox"/> YES <input type="checkbox"/> → For highest civilian grade give: | | | |
17. Are you eligible for reinstatement based on career or career-conditional Federal status?
NO ☐ YES ☐ → If requested, attach SF 50 proof.

APPLICANT CERTIFICATION

18. I **certify** that, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete and made in good faith. I **understand** that false or fraudulent information on or attached to this application may be grounds for not hiring me or for firing me after I begin work, and may be punishable by fine or imprisonment. I **understand** that any information I give may be investigated.

SIGNATURE**DATE SIGNED**

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GENERAL INFORMATION

- You may apply for most Federal jobs with a resume, the attached *Optional Application for Federal Employment* or other written format. If your resume or application does not provide all the information requested on this form and in the job vacancy announcement, you may lose consideration for a job. Type or print clearly in dark ink. Help speed the selection process by keeping your application brief and sending only the requested information. If essential to attach additional pages, include your name and Social Security Number on each page.
- For information on Federal employment, including job lists, alternative formats for persons with disabilities, and veterans' preference, call the U.S. Office of Personnel Management at **912-757-3000**, **TDD 912-744-2299**, by computer modem **912-757-3100**, or via the Internet (Telnet only) at **FJOB.MAIL.OPM.GOV**.
- If you served on active duty in the United States Military and were separated under honorable conditions, you may be eligible for veterans' preference. To receive preference if your service began after October 15, 1976, you must have a Campaign Badge, Expeditionary Medal, or service-connected disability. Veterans' preference is not a factor for Senior Executive Service jobs or when competition is limited to status candidates (current or former career or career-conditional Federal employees).
- Most Federal jobs require United States citizenship and also that males over age 18 born after December 31, 1959, have registered with the Selective Service System or have an exemption.
- The law prohibits public officials from appointing, promoting, or recommending their relatives.
- Federal annuitants (military and civilian) may have their salaries or annuities reduced. All employees must pay any valid delinquent debts or the agency may garnish their salary.
- Send your application to the office announcing the vacancy. If you have questions, contact that office.

THE FEDERAL GOVERNMENT IS AN EQUAL OPPORTUNITY EMPLOYER**PRIVACY ACT AND PUBLIC BURDEN STATEMENTS**

- The Office of Personnel Management and other Federal agencies rate applicants for Federal jobs under the authority of sections 1104, 1302, 3301, 3304, 3320, 3361, 3393, and 3394 of title 5 of the United States Code. We need the information requested in this form and in the associated vacancy announcements to evaluate your qualifications. Other laws require us to ask about citizenship, military service, etc.
- We request your Social Security Number (SSN) under the authority of Executive Order 9397 in order to keep your records straight, other people may have the same name. As allowed by law or Presidential directive, we use your SSN to seek information about you from employers, schools, banks, and others who know you. Your SSN may also be used in studies and computer matching with other Government files, for example, files on unpaid student loans.
- If you do not give us your SSN or any other information requested, we cannot process your application, which is the first step in getting a job. Also, incomplete addresses and ZIP Codes will slow processing.
- We may give information from your records to: training facilities; organizations deciding claims for retirement, insurance, unemployment or health benefits; officials in litigation or administrative proceedings where the Government is a party; law enforcement agencies concerning violations of law or regulations; Federal agencies for statistical reports and studies; officials of labor organizations recognized by law in connection with representing employees; Federal agencies or other sources requesting information for Federal agencies or other sources requesting information for Federal agencies in connection with hiring or retaining, security clearances, security or suitability investigations, classifying jobs, contracting, or issuing licenses, grants, or other benefits; public and private organizations including news media that grant or publicize employee recognition and awards; and the Merit System Protection Board, the Office of Special Counsel, the Equal Employment Opportunity Commission, the Federal Labor Relations Authority, the National Archives, the Federal Acquisition Institute, and congressional offices in connection with their official functions.

- We may also give information from your records to: prospective nonfederal employers concerning tenure of employment, civil service status, length of service, and date and nature of action for separation as shown on personnel action forms of specifically identified individuals; requesting organizations or individuals concerning the home address and other relevant information on those who might have contracted an illness or been exposed to a health hazard; authorized Federal and nonfederal agencies for use in computer matching; spouses or dependent children asking whether the employee has changed from self-and-family to self-only health benefits enrollment; individuals working on a contract, service, grant, cooperative agreement or job for the Federal Government; non-agency members of an agency's performance or other panel; and agency-appointed representatives of employees concerning information issued to the employee about fitness-for-duty or agency-filed disability retirement procedures.
- We estimate the public reporting burden for this collection will vary from 20 to 240 minutes with an average of 40 minutes per response, including time for reviewing instructions, searching existing data sources, gathering data, and completing and receiving the information. You may send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to U.S. Office of Personnel Management, Reports and Forms Management Officer, Washington, DC 20415-0001.
- Send your application to the agency announcing the vacancy.

Declaration for Federal Employment

GENERAL INFORMATION

1. FULL NAME <i>(First, middle, last)</i>	2. SOCIAL SECURITY NUMBER
3. PLACE OF BIRTH <i>(Include City and State or Country)</i>	4. DATE OF BIRTH <i>(MM/DD/YY)</i>
5. OTHER NAMES EVER USED <i>(For example, maiden name, nickname, etc.)</i>	6. PHONE NUMBERS <i>(Include Area Codes)</i> DAY NIGHT

Selective Service Registration

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law (5 U.S.C. 3328) requires that you must register with the Selective Service System, unless you meet certain exemptions.

7a. Are you a male born after December 31, 1959?

☐ YES

☐ NO *If "NO" skip 7b and 7c. If "YES" go to 7b.*

7b. Have you registered with the Selective Service System?

☐ YES

☐ NO *If "NO" go to 7c.*

7c. If "NO", describe your reason(s) in item #16.

MILITARY SERVICE

8. Have you served in the United States Military?

☐ YES *Provide information below*

☐ NO

If you answered "YES", list the branch, dates, and type of discharge for all active duty.

If your only active duty was training in the Reserves or National Guard, answer "NO".

BRANCH	FROM MM/DD/YYYY	TO MM/DD/YYYY	TYPE OF DISCHARGE

BACKGROUND INFORMATION

For all questions, provide all additional requested information under item 16 or on attached sheets. The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

For questions 9, 10, and 11, your answers should include convictions resulting from a plea of nolo contendere (*no contest*), but omit (1) traffic fines of \$300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law (4) any conviction set aside under the Federal Youth Corrections Act or similar State law, and (5) any conviction whose record was expunged under Federal or State law.

9. During the last 10 years, have you been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or explosives, violations, misdemeanors, and all other offenses.) <i>If "YES", use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
10. Have you been convicted by a military court-martial in the past 10 years? (If no military service, answer "NO".) <i>If "YES", use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
11. Are you now under charges for any violation of law? <i>If "YES", use item 16 to provide the date, explanation of the violation, place of occurrence, and name and address of the police department or court involved.</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
12. During the last 5 years, were you fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management? <i>If "YES", use item 16 to provide the date, an explanation of the problem and reason for leaving, and the employer's name and address.</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
13. Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) <i>If "YES", use item 16 to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt.</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Declaration for Federal Employment**Electronic Form Approved**

by CILR 07/24/02

ADDITIONAL QUESTIONS

14. Do any of your relatives work for the agency or organization to which you are submitting this form? (Includes father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepson, stepdaughter, stepbrother, stepsister, halfbrother, and halfsister.) If "YES", use item 15 to provide the name, relationship, and the Department, Agency, or Branch of the Armed Forces for which your relative works.

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

15. Do you receive, or have you ever applied for, retirement pay, pension, or other pay based on military, Federal civilian, or District of Columbia Government service?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

CONTINUATION SPACE/AGENCY OPTIONAL QUESTIONS

16. Provide details requested items 7 through 15 and 18c in the continuation space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed (these questions are specific to your position and your agency is authorized to ask them).

CERTIFICATIONS/ADDITIONAL QUESTIONS

APPLICANT: If you are applying for a position and have not yet been selected, carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, read item 17, and complete 17a.

APPOINTEE: If you are being appointed, carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and attached materials are accurate, read item 17, and answer 18a, 18b, and 18c as appropriate.

17. I certify that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. I understand that a false or fraudulent answer to any question on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated for purposes of determining eligibility for Federal employment by as allowed by law or Presidential order. I consent to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees of the Federal Government. I understand that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

17a. Applicant's Signature:

_____	Date	_____
(Sign in ink)		

APPOINTING OFFICER: Enter Date of Appointment or Conversion MM/DD/YYYY

17b. Appointee's Signature:

_____	Date	_____
(Sign in ink)		

18. **Appointee (Only Respond only if you have been employed by the Federal Government before):** Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

18a. When did you leave your last Federal job? MM / DD / YYYY
DATE:

18b. When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance?	YES	NO	DO NOT KNOW
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18c. If you answered "Yes" to item 18b, did you later cancel the waiver(s)? If your answer to item 18c is "No", use item 16 to identify the type(s) of insurance for which waivers which were not cancelled.	YES	NO	DO NOT KNOW
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(02-94)

APPLICANT DISABILITY, RACE/NATIONAL ORIGIN AND SEX IDENTIFICATION*(Please read the Instructions and Privacy Act Statement before completing this form)***OMB Burden Disclosure Statement**

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Office of Information Resources Management Policy, Plans, and Oversight, Records Management Division, HR-422-GTN, Paperwork Reduction Project (1910-0600), U.S. Department of Energy, 1000 Independence Avenue, S.W., Washington, DC 20585; and to the Office of Management and Budget (OMB), Paperwork Reduction Project (1910-0600), Washington, DC 20503.

PRIVACY ACT STATEMENT

This data is being collected to plan and evaluate the agency's recruitment of persons with disabilities, minorities and women, and to help ensure that agency personnel practices meet the requirements of Federal law and regulation. The data you supply will be used for statistical analysis only. **SUBMISSION OF THIS INFORMATION IS VOLUNTARY.** Failure to provide this information will have no effect on the processing of your application for Federal employment. Individual personnel selections are not made based on this information.

Authority: Sections 1302, 3301, 3302, 3304 and 7201 of Title 5n of the U.S. Code; Section 2000e of Title 42 U.S. Code: and Section 791 of Title 29 of the U.S. Code.

Solicitation of your Social Security Number (SSN) is authorized by Executive Order 9397 (November 22, 1943), which requires agencies to use the SSN as the means for identifying individuals in Personnel information systems. It will be used only for that purpose. Submission of your SSN is voluntary and failure to furnish your SSN on this form will have no effect on your application.

Vacancy Announcement Number	Position Title, Series, Grade
Name (Last, First, Middle Initial)	Social Security Number
Sex <input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE

SECTION A. DISABILITY STATUS☐☐

A person is disabled if he or she has a physical or mental impairment, which substantially limits one or more major life activities. Please read the disability descriptions below and then write the two-digit numeric code in the box above which best describes your disability, if any. If you have more than one disability, choose the one which results in the most substantial limitation.

NOTE: Please place only ONE two-digit code number in the box.

05. I do not have a disability

16. Total deafness in both ears, with or without understandable speech.

23. Inability to read ordinary size print, not correctable by glasses (can read oversize print or use assisting device)

25. Blind in both eyes (no usable vision, may have some light perception).

28. Missing one arm or one leg.

33. Missing hands or both arms or both feet or both legs.

35. Missing one hand or arm and one foot or leg.

64. Partial paralysis of both hands. Partial paralysis of both legs, any part, or both arms, any part.

65. Partial paralysis of both legs, any part, or both arms, any part.

67. Partial paralysis of one side of the body, including one arm and one leg.

(02-94)

APPLICANT DISABILITY, RACE/NATIONAL ORIGIN AND SEX IDENTIFICATION

68. Partial paralysis of three or more major parts of the body (arms and legs)
71. Complete paralysis of both hands or both arms or both legs.
72. Complete paralysis of one arm or one leg.
76. Complete paralysis of lower half of body, including legs.
77. Complete paralysis of one side of body, including one arm and one leg.
78. Complete paralysis of three or more major parts (of body) (arms and legs).
82. Convulsive disorder (e.g. epilepsy).
90. Mental retardation (a chronic and lifelong condition involving a limited ability to learn, to be educated, and to be trained for useful productive employment as certified by a state vocational rehabilitation agency).
91. Mental or emotional illness (a history of treatment for mental or emotional problems).
92. Severe distortion of limbs and/or spine (e.g. dwarfism, severe distortion of the back).
06. I have a disability, but it is not listed above. Describe:

SECTION B. RACE/NATIONAL ORIGIN

The categories below provide descriptions of race and national origins. Read the descriptions and then check the box next to the category with which you identify yourself. If you are a mixed race and/or national origin, select the category with which you identify yourself. NOTE: Please mark only ONE box.

- | | | |
|--------------------------------------|--------------------------|---|
| A. American Indian or Alaskan Native | <input type="checkbox"/> | A person having origins in any of the original peoples of North America, and who maintains cultural identification through community recognition or tribal affiliation. |
| B. Asian or Pacific Islander | <input type="checkbox"/> | A person having origins in any of the original peoples of the Far East, Southeast Asia, the India subcontinent, or the Pacific Islands. For example: China, India, Japan, Korea, the Philippine Islands, Samoa and Vietnam. |
| C. Black, not of Hispanic origin | <input type="checkbox"/> | A person having origins in any of the black racial groups of Africa. This does not include persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins. |
| D. Hispanic | <input type="checkbox"/> | A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins. This does not include persons of Portuguese culture or origin. |
| E. White, not of Hispanic origin | <input type="checkbox"/> | A person having origins in any of the original peoples of Europe, North Africa or the Middle East. This does not include persons of Mexican, Puerto Rican, Cuban, Central or South American cultures of origins. |
| F. Other | <input type="checkbox"/> | A person not included in the above categories. |

In order for us to assess the effectiveness of our Recruitment efforts please identify how you learned about this job by marking the appropriate box and providing the name of the source:

- | | | |
|-----------------------------------|---------------------------------|--|
| <input type="checkbox"/> Web-site | <input type="checkbox"/> School | <input type="checkbox"/> Other (Please indicate) |
|-----------------------------------|---------------------------------|--|

OMB Approval
#1910-1100
Revised 07/03

Name _____
Address _____
City/St. _____
Zip code _____
Social Security _____
Telephone () _____

**U.S. DEPARTMENT OF ENERGY
BONNEVILLE POWER ADMINISTRATION
SUPPLEMENTAL QUESTIONNAIRE FOR
ELECTRICIAN APPRENTICE**

TO APPLICANT: The information requested on this Supplemental Questionnaire is needed to evaluate and rate your application. Fill out all pages completely and accurately. The questions have been designed to cover a wide range of skills and knowledge to insure that you receive all credit for experience to which you are entitled. However, you are not expected to have full knowledge of every element listed. Be sure your answers reflect YOUR OWN actual skills and knowledges.

PRIVACY ACT INFORMATION

The Bonneville Power Administration is authorized to rate applicants for Federal jobs under the provisions of Title 5, United States Code, chapter 11, sections 1104, 1302, 3301, and 3304.

The information you provide will be used to determine your qualifications for these positions. If you do not complete the information listed, we will be unable to rate your application, and you will not be considered for these positions.

Your Social Security Number is required to keep your records straight as other people may have the same name and birthday.

CERTIFICATION STATEMENT	
I certify that the information provided in this supplemental questionnaire is true and correct to the best of my knowledge.	
Signature	Date

NOTE: In accordance with DOE Order 3792.3, this position is subject to random drug testing. Tentative selectees must be tested for the use of illegal drugs prior to final selection. A determination of the use of illegal drugs may lead to non-selection (based on a failure to meet conditions of employment). The successful applicant will be subject to future random, unannounced testing. Failure to pass subsequent tests may result in disciplinary action, including removal from the Federal service.

SUPPLEMENTAL QUESTIONNAIRE

Instructions

Apprentice applicants will be rated on the following job elements:

1. Aptitude and interest to learn trade theory.
2. Ability to follow directions.
3. Reliability and dependability.
4. Dexterity and Safety.
5. Ability to work as part of a crew.

The first job element will be rated from the written test. The remaining elements will be rated by a combination of the written test and information from the application forms and this questionnaire.

Applicants should carefully complete this questionnaire. This form will be used to measure the extent of your knowledge about some of the job elements for these positions. We do not want to measure your writing ability; so simple "YES" or "NO" and if "YES" very descriptive answers will be adequate.

"WHEN" can be answered by month and year, e.g., October 1968, or if covering several years for example, by "09/68 - 10/72."

"FOR WHOM," "WHAT COMPANY," OR "WHERE" can be answered by name of school attended, company, or employer, or "at home" or "self."

"PURPOSE" can be answered sometimes by a single word, or by very few words, such as "used broom to sweep out work area."

Statements made on this form will be subject to verification by contact with former employers.

Each question should be completed separately. DO NOT respond with "ditto marks" or references to answers in other questions.

DISQUALIFYING DRIVING RECORDS

Within the past THREE years, any of the following conditions disqualify an applicant for a U. S. Government Motor Vehicle Authorization:

- A. Conviction for operating a motor vehicle under the influence of alcohol or a control substance.
- B. Conviction for leaving the scene of an accident without making his or her identity known.
- C. Driver license suspended, revoked, or canceled.
- D. Any recurrent record of auto accidents/incidents, traffic violations, or arrests which demonstrates that the employee does not have an adequate sense of responsibility. This may be shown by any of the following:
 - Conviction for fleeing or attempting to elude a police officer.
 - Conviction for a felony involving the use of a motor vehicle.
 - Two or more accidents in which the applicant was at fault.
 - Two or more excessive speeding violations (15 miles per hour or more over the posted limit.)
 - Four or more moving violations

ELECTRICIAN APPRENTICE SUPPLEMENTAL QUESTIONNAIRE

NAME _____

ELEMENT 2 ABILITY TO FOLLOW DIRECTIONS

Describe in detail two situations where you were only provided with oral directions to complete or accomplish a specific job or task. Either work or personal situations are acceptable.

[illegible]

ELECTRICIAN APPRENTICE SUPPLEMENTAL QUESTIONNAIRE

NAME _____

ELEMENT 2 ABILITY TO FOLLOW DIRECTIONS (CONT'D)

[illegible]

ELEMENT 3 RELIABILITY AND DEPENDABILITY

QUESTIONS	YES	NO	GIVE A DETAILED DESCRIPTION OR EXPLANATION FOR EACH OF THE QUESTIONS 1 THROUGH 6
1. Have you been selected for a special job OR received commendations for good work on the job, in school, in the Armed Forces, etc.?			
2. Other than high school, have you completed a training program or class for job related skills?			
3. In the last 5 years, have you failed to finish a training course or schooling?			
4. In the last 5 years, have you been suspended, fired, or reprimanded for unscheduled absence or AWOL?			
5. In the last 5 years, have you been suspended, fired or reprimanded for unscheduled absence or AWOL?			
6. In the last 5 years, have you held a job for less than a year and left it? (If yes, give reason)			

7. **Conditions of Employment:** Occasionally, work may be performed under other than normal conditions. Please indicate whether you will or will not work under the following conditions:

	WILL	WILL NOT		WILL	WILL NOT
a. Work with frequent overnight travel			h. Work with a team or crew		
b. Work under varying climatic conditions			i. Work in close and confined places		
c. Work around high voltage (above 34.5 kV)			j. Work with respirator or full face mask		
d. Work around hazardous materials			k. Work from ladders or scaffolds		
e. Work subject to emergency call outs			l. Work in high places (15 ft and above)		
f. Work alone			m. Work around moving machinery		
g. Work around herbicides/pesticides			n. Work alone in isolated locations		

ELECTRICIAN APPRENTICE SUPPLEMENTAL QUESTIONNAIRE

NAME _____

ELEMENT 4 DEXTERITY & SAFETY

YES NO

1. _____ Have you worked for an employer with a regular safety program. If YES, what did the program include?

2. _____ Have you ever received a safety award? If YES, give details, including date(s) received.

3. _____ Have you, in the last 5 years, ever had an accident or injury on or off the job which resulted in work or school missed? If so, provide details.

Date	On Job	Off Job	Details

4. _____ Have you had any safety training? If Yes, show what type of training, the approximate dates, and approximate total hours in each.

5. _____ Have you had training in working with pesticides or other hazardous materials? What materials?

6. SHOW EACH TICKET YOU RECEIVED FOR VIOLATION OF A DRIVING LAW (DO NOT INCLUDE PARKING VIOLATION OR CHARGES OF WHICH YOU WERE FOUND NOT GUILTY) DURING THE **PAST THREE YEARS**. THIS RECORD MUST BE ACCURATE AND COMPLETE. A CHECK OF DRIVING RECORDS WILL BE MADE. IF NECESSARY, CONTINUE ON AN ADDITIONAL SHEET OF PAPER. GIVE DETAILS SUCH AS "SPEEDING 60 MPH IN A 55 MPH ZONE."

IF NO TICKETS IN PAST THREE YEARS, CHECK HERE

☐

CHARGE: (SPEEDING, DRUNK DRIVING, FAILURE TO YIELD, ETC.)	DATE	GIVE DETAILS	CITY, STATE	WAS LICENSE REVOKED OR SUSPENDED	SENTENCE, AMOUNT OF FINE, ETC. INDICATE "NONE" WHEN THERE WERE NO PENALTIES IMPOSED.

NAME _____

7. GIVES DATES AND DESCRIPTION OF EACH VEHICLE ACCIDENT YOU HAVE HAD IN THE **PAST THREE YEARS** AND INDICATE WHETHER YOU WERE OR WERE NOT FOUND AT FAULT.

TYPE OF VEHICLE YOU WERE DRIVING	DATE	DESCRIPTION OF ACCIDENT	CITY / STATE	FATALITY INVOLVED	AMOUNT OF DAMAGES	WERE YOU JUDGED AT FAULT

8. DESCRIBE ANY ACTIVITIES IN YOUR WORK, SCHOOL, HOBBY, SPORTS, MILITARY, ETC. THAT DEMONSTRATES DEXTERITY.

[illegible]

ELEMENT 5 ABILITY TO USE PRINTS AND DRAWINGS

HAVE YOU USED THE FOLLOWING ITEMS	YES	NO	DESCRIPTION OR EXPLANATION INDICATE HOW YOU HAVE USED THESE AND FOR WHAT PURPOSE
1. Electrical wiring diagrams.			
2. Schematic diagrams.			
3. Electronic drawings.			
4. One line diagrams.			
5. Mechanical/construction blueprints.			
6. Mechanical drawings.			
7. Patterns.			
8. Maps.			
9. Grade stakes.			

ELEMENT 5 ABILITY TO USE PRINTS AND DRAWINGS (CONT'D)

HAVE YOU TAKEN COURSES IN THE FOLLOWING AREAS	YES	NO	SHOW COURSE TITLE (no codes), TYPE OF SCHOOL (military, high school, trade, correspondence, or other), AND GRADES RECEIVED, COURSE LENGTH, AND COURSE DESCRIPTION.
10. AC theory.			
11. DC theory.			
12. Mechanical drawing.			
13. Reading blueprints.			

ELEMENT 6 EXPERIENCE AND INTEREST

A. Place a check mark next to any of the following hand tools that you have used.

<input type="checkbox"/>	1. Screw Drivers	<input type="checkbox"/>	2. Hammers	<input type="checkbox"/>	3. Pliers	<input type="checkbox"/>	4. Open End Wrenches
<input type="checkbox"/>	5. Socket Wrenches	<input type="checkbox"/>	6. Chisels/Punches	<input type="checkbox"/>	7. Tape Measure	<input type="checkbox"/>	8. Adjustable Wrenches
<input type="checkbox"/>	9. Squares	<input type="checkbox"/>	10. Hand Saws	<input type="checkbox"/>	11. Pipe Wrench	<input type="checkbox"/>	12. Gardening Tools
<input type="checkbox"/>	13. Vise/Clamps	<input type="checkbox"/>	14. Paint Brushes	<input type="checkbox"/>	15. Paint Rollers	<input type="checkbox"/>	16. Ladders
<input type="checkbox"/>	17. Design Templates	<input type="checkbox"/>	18. Drawing Compass	<input type="checkbox"/>	19. Shovels	<input type="checkbox"/>	20. Rakes
<input type="checkbox"/>	21. Axe or Hatchet	<input type="checkbox"/>	22. Taps & Dies	<input type="checkbox"/>	23. Side Cutters	<input type="checkbox"/>	24. Rulers
<input type="checkbox"/>	25. Levels	<input type="checkbox"/>	26. Knife Sharpener	<input type="checkbox"/>	27. Scribes/Awls	<input type="checkbox"/>	28. Chalk Line
<input type="checkbox"/>	29. Hand Drill	<input type="checkbox"/>	30. Hand Sander	<input type="checkbox"/>	31. Files/Rasps	<input type="checkbox"/>	32. Tin Snips
<input type="checkbox"/>	33. Hot Glue Gun	<input type="checkbox"/>	34. Staple Gun	<input type="checkbox"/>	35. Miter Box	<input type="checkbox"/>	36. Air Brush

Narrative for Element 6, Part A: Describe two or three projects where you have used some of the tools checked in Part A.

B. Place a check mark next to any of the following power tools or equipment that you have used.

<input type="checkbox"/>	1. Power Drill	<input type="checkbox"/>	2. Circular Saw	<input type="checkbox"/>	3. Scroll Saw	<input type="checkbox"/>	4. Drill Press
<input type="checkbox"/>	5. Table Saw	<input type="checkbox"/>	6. Wood/Metal Lathe	<input type="checkbox"/>	7. Band Saw	<input type="checkbox"/>	8. Chain Saw
<input type="checkbox"/>	9. Bench Grinders	<input type="checkbox"/>	10. Welders	<input type="checkbox"/>	11. Hydraulic Presses	<input type="checkbox"/>	12. Lawn Mower
<input type="checkbox"/>	13. Garden Tillers	<input type="checkbox"/>	14. Clothes Irons	<input type="checkbox"/>	15. Sewing Machine	<input type="checkbox"/>	16. Vacuum Cleaners
<input type="checkbox"/>	17. Weed Trimmer	<input type="checkbox"/>	18. Soldering Iron	<input type="checkbox"/>	19. Kiln	<input type="checkbox"/>	20. Gas Welder/Torch
<input type="checkbox"/>	21. Power Sander	<input type="checkbox"/>	22. Jig Saw	<input type="checkbox"/>	23. Router	<input type="checkbox"/>	24. Dremel Tools
<input type="checkbox"/>	25. Computers	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

Narrative for Element 6 Part B: Describe two or three situations or projects where you have used some of the tools checked in Part B.

APPRENTICESHIP EXAM REGISTRATION FORM

The apprenticeship examination is requirement for all applicants that pass the initial screening. **If you do not take this examination, you will be eliminated from further consideration for the position.** The examination will cover the following areas: high school level algebra and geometry; dexterity; arithmetic computations; ability to follow instructions and mechanical aptitude. The examination process will take approximately 3-4 hours. **If you have applied for more than one apprentice position, you will only need to take the examination one time.** Please select an exam site below.

Exam Sites

Vancouver, WA

Technical Training Center, 5100 NE 15th Avenue. Testing is in Building 300, room 301 and 302.

Each session seats approximately 15 people.

	Thursday January 8, 2004	The test will begin promptly at 8:30 a.m. and will conclude at approximately 11:30 a.m.
	Thursday January 8, 2004	The test will begin promptly at 1:00 p.m. and will conclude at approximately 4:00 p.m.
	Friday January 09, 2004	The test will begin promptly at 8:30 a.m. and will conclude at approximately 11:30 a.m.
	Friday January 09 2004	The test will begin promptly at 1:00 p.m. and will conclude at approximately 4:00 p.m.
	Saturday January 10, 2004	The test will begin promptly at 8:30 a.m. and will conclude at approximately 11:30 a.m.
	Saturday January 10, 2004	The test will begin promptly at 1:00 p.m. and will conclude at approximately 4:00 p.m.

Spokane, WA

Spokane Community College, 1810 N Greene. Testing is in Student Union, Lair Building 6, Bigfoot and Littlefoot Rooms

Each session seats approximately 100 people.

	Thursday January 8, 2004	The test will begin promptly at 8:30 a.m. and will conclude at approximately 11:30 a.m.
	Thursday January 8, 2004	The test will begin promptly at 1:00 p.m. and will conclude at approximately 4:00 p.m.
	Friday January 9, 2004	The test will begin promptly at 8:30 a.m. and will conclude at approximately 11:30 a.m.
	Friday January 9, 2004	The test will begin promptly at 1:00 p.m. and will conclude at approximately 4:00 p.m.
	Saturday January 10, 2004	The test will begin promptly at 8:30 a.m. and will conclude at approximately 11:30 a.m.
	Saturday January 10, 2004	The test will begin promptly at 1:00 p.m. and will conclude at approximately 4:00 p.m.

Lakewood, WA

Clover Park Technical College, 4500 Steilacoom Blvd SW

Each session seats approximately 50 people.

	Friday January 09, 2004	The test will begin promptly at 8:30 a.m. and will conclude at approximately 11:30 a.m.
	Friday January 09, 2004	The test will begin promptly at 1:00 p.m. and will conclude at approximately 4:00 p.m.
	Saturday January 10, 2004	The test will begin promptly at 8:30 a.m. and will conclude at approximately 11:30 a.m.
	Saturday January 10, 2004	The test will begin promptly at 1:00 p.m. and will conclude at approximately 4:00 p.m.

Qualified applicants will receive a confirmation letter by mail, which will include; Instructions, Site Map, and a sample questions guide for preparation for the Apprentice Examination.

Signature

Print Name

Date

GEOGRAPHIC AVAILABILITY FORM
POWER SYSTEM ELECTRICIAN APPRENTICE

Name:	Date:
Social Sercurity Number:	Vacancy#:

NOTICE TO APPLICANTS:

You are being asked to indicate your geographic preference for placement. This is only an indicator of preference; final duty station will be determined by management.

OREGON

<input type="checkbox"/>	GOSHEN
<input type="checkbox"/>	MALIN
<input type="checkbox"/>	NORTH BEND
<input type="checkbox"/>	REDMOND
<input type="checkbox"/>	SALEM
<input type="checkbox"/>	THE DALLES
<input type="checkbox"/>	UMATILLA

WASHINGTON

<input type="checkbox"/>	CUSTER
<input type="checkbox"/>	KENT
<input type="checkbox"/>	LONGVIEW
<input type="checkbox"/>	OLYMPIA
<input type="checkbox"/>	PASCO
<input type="checkbox"/>	PORT ANGELES
<input type="checkbox"/>	RICHLAND
<input type="checkbox"/>	SNOHOMISH
<input type="checkbox"/>	SPOKANE
<input type="checkbox"/>	VANOUVER
<input type="checkbox"/>	WENATCHEE

IDAHO

<input type="checkbox"/>	BURLEY
<input type="checkbox"/>	LEWISTON

MONTANA

<input type="checkbox"/>	KALISPELL
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